

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. KATZ.P-101	
		First Inventor Dr. Harold KATZ	
		Title Tongue depressor and oral spray. .	
<i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Express Mail Label No. EV 060897364 US	

APPLICATION ELEMENTS		ADDRESS TO:	
See MPEP chapter 600 concerning utility patent application contents.		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 26] <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8]</p> <p>5. Oath or Declaration [Total Pages 34]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
---	---

ACCOMPANYING APPLICATION PARTS	
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	<input checked="" type="checkbox"/> Power of Attorney
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i>	<input type="checkbox"/> Copies of IDS Citations
11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other: _____	

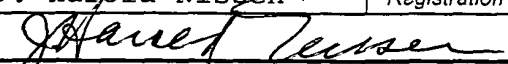
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner: _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label		30294		<input type="checkbox"/> Correspondence address below	
<small>Insert Customer No. or Attach Bar code label here</small>					
Name		J. Harold Nissen Reg. 17,283			
		c/o Lackenbach Siegel LLP			
Address		One Chase Road			
City	Scarsdale	State	NY	Zip Code	10583
Country	USA	Telephone	914-723-4300	Fax	914-723-4301

Name (Print/Type)	J. Harold Nissen	Registration No. (Attorney/Agent)	17,283
Signature		Date	8/28/03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Effective 01/01/2003. Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)

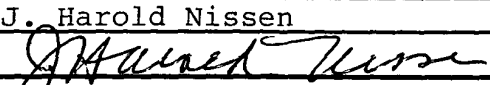
Attorney Docket No.	KATZ.P-101
---------------------	------------

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	New Application
	Filing Date	
	First Named Inventor	Dr. Harold KATZ
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	KATZ.P-101

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <p style="text-align: center;">* Mailed Express Mail EV 060897364 US</p>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	J. Harold Nissen c/o Lackenbach Siegel LLP	
Signature		
Date		

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as express mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>Aug 28/03</u>		
Typed or printed	J. Harold Nissen	
Signature		Date <u>Aug 28/03</u>

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

MAIL STOP PATENT APPLICATION
COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA, VA 22313-1450

08/28/03

TRANSMITTED HERewith FOR FILING IS A
U.S. PATENT APPLICATION FOR:

Inventor(s): Dr. Harold Katz

Title: Combined Tongue Depressor and Oral Spray Device

Attorney Docket No.: KATZ P-101

Enclosed are:

☒ Patent application: Specification, claims, Abstract

☒ 8 sheet of drawings

☒ FORMAL ☐ INFORMAL

☐ An Assignment of the Invention and Assignment
Recordation cover sheet - will follow

☒ A Declaration and Power of Attorney

☐ Priority Based on Provisional 60/406,466, Filed August 28, 2003

☐ Enclosed ☒ Not enclosed.

☒ Application Data Sheet (37 CFR 1.76)

☐ Preliminary Amendment.

☒ Applicant is a ☐ Large Entity - ☒ Small Entity.

The filing fee has been calculated as shown below:

FOR	NO. FILED	NO. EXTRA
Basic Fee		
Total Claims	20	0
Indep Claims	2	0
<input type="checkbox"/> Multiple Dependent Claim Presented - none		

SMALL ENTITY	
RATE	FEE
	\$ 375.00
	\$
	\$
	\$
TOTAL	\$375.00

or

or

or

or

or

or

LARGE ENTITY	
RATE	FEE
	\$ 750.00
\$	\$
\$	\$
	\$
TOTAL	\$

☒ Please charge my Deposit Account No. 10-0100 in the amount of \$, or if any additional funds are required

A duplicate copy of this sheet is enclosed.

☒ A check is enclosed for the total filing fee of \$375.00, which does not include any \$40.00 Assignment Recordation fee.

☒ The Commissioner is hereby authorized to charge payment of the fees associated with this communication and during the pendency of this application, such as an extension or issue fee if mistakenly not paid or insufficient, and/or any other fee due but not paid by check, etc., or credit any overpayment to Deposit Account No. 10-0100 in order to avoid abandonment of this Application. A duplicate copy of this sheet is enclosed.

LACKENBACH SIEGEL LLP

Dated: August 28, 2003

Lackebach Siegel LLP

One Chase Road

Scarsdale, NY 10583

(914) 723-4300

Fax: 914-723-4301

Enclosed for filing under ☒ 35 USC 111 or ☐ 35 USC 371

Certificate of Mailing By "Express Mail"

"Express Mail" Mailing Label No.
EV 060897364 US-Date of Deposit:
August 28, 2003. I hereby certify that this
paper/fee is being deposited with the U.S. Postal
Service as "Express Mail Post Office to
Addressee" under 37 CFR §1.10 on the date
indicated above and is addressed to the Director
of Patents, U.S. Patent Office, Washington, D.C.
20231.

J. Harold Nissen, Reg. No. 17,283

Print Name: J. HAROLD NISSEN

Signature: 